

# Injection Preparation & Administration

## Hand hygiene:

Hand Hygiene is a general term that applies to:

- Hand washing
- Antiseptic hand wash
- Antiseptic hand rub
- Surgical hand antisepsis

Hand hygiene should be performed by washing hands with soap and water or using an alcohol-based hand rub:

- Before:
  - Patient contact
  - Putting on gloves
  - Immediately before any aseptic task
  - Touching medical supplies intended for use on other persons
  - Handling food
- After
  - Patient contact
  - Exposure to body fluids
  - Touching any object or furniture in the patient's immediate surroundings
  - Removing gloves
  - Using the restroom

Recommended technique for hand hygiene:

- Alcohol-based hand rubs; apply product to palm of one hand, rub hands together covering all surfaces, and continue to rub until dry.
- Hand washing; wet hands with water, apply soap, rub hands together scrubbing both sides of the hands and in between the fingers, rinse and dry with disposable towel, use towel to turn off faucet.

Nail care:

- Artificial nails should NOT be worn when having direct contact with patients.
- Natural nail tips should be kept to ¼ inch in length from quick.

Gloves:

- Always wear gloves during any procedure that involves potential exposure to blood or body fluids.
- Do NOT wear the same pair of gloves with more than one patient.
- Change gloves between patient contacts and change gloves that have touched potentially blood-contaminated objects before touching clean surfaces.
- Discard gloves in appropriate receptacles.

## Vial Handling:

Basic Handling:

- Always disinfect the rubber septum of a medication vial with an alcohol pad prior to piercing it with the needle.
- Medications should be drawn up out of the vial right before use.
- Medications should be drawn up in a designated, clean medication area.

- Medications that need to be refrigerated must be stored in a clean fridge with NO food storage of any kind.

#### Single-Dose Vials:

- Should never be used on more than one patient.
- Medication remaining in single-dose vials after use should NOT be combined or pooled.
- Leftover medication remaining in a single-dose vial should NOT be stored.

#### Multi - dose vials:

- Should be dedicated to a single patient whenever possible and not shared between patients.
- Should NOT be kept or accessed in immediate patient care areas.
  - If a multi - dose vial enters the immediate patient care area, it should be dedicated to that patient only and discarded after use.
- Should be accessed with a new needle and syringe each time.
- Open multi-dose vials should be dated and discarded within 28-days, unless the manufacturer specifies a different discard date for an open vial.
- Unopened multi-dose vials should be discarded according to the manufacture's expiration date.

#### Intravenous fluids:

- Bags or bottles of intravenous solution should NEVER be used as a common source of supply for more than one patient.
- Fluid infusion and administration sets (i. e., intravenous bags, tubing and connectors) are to be used for one patient only and disposed of properly after use.

#### **Needle & Syringe Use:**

- Syringes and needles are NOT to be reused.
- Do not touch the plunger of the syringe while drawing up or delivering meds.
- Pre-packaged syringes must stay in the package until ready to use.
- Do not store syringes in the pocket of scrubs.

#### References:

[www.cdc.gov/injectionsafety](http://www.cdc.gov/injectionsafety)

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Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings

<http://www.cdc.gov/ncidod/dhqp/pdf/isolation2007.pdf>

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[http://www.who.int/gpsc/tools/5momentsHandHygiene\\_A3.pdf?ua=1](http://www.who.int/gpsc/tools/5momentsHandHygiene_A3.pdf?ua=1)

World Health Organization. How to handrub? How to handwash? Poster.

<http://www.who.int/gpsc/tools/GPSC-HandRub-Wash.pdf?ua=1>